

BENEFICIARY DESIGNATION (PRIOR TO RETIREMENT) STATE FORMS STD-241 AND STD-241S

PURPOSE

I. The purpose of the [STD-241](#), “Beneficiary Designation” (CalPERS) is to provide a means for a member who is “not retirement eligible and who is not eligible for the Alternate Death Benefit” to:

1. Designate beneficiaries *other than the statutory beneficiaries provided by the retirement law*. The statutory beneficiaries are listed under item I-C on the front of the [STD-241](#).
2. Change the order of the statutory beneficiaries for the lump sum Basic Death Benefit.
3. Change the designated beneficiaries.
4. Designate any person or legal entity such as a college, university, corporation, trust, or estate as beneficiary.

One of the following events will revoke the [STD-241](#):

- a. *Marriage*
- b. *Dissolution or annulment of marriage if initiated after the designation was filed.*
- c. *Birth or adoption of a child.*
- d. *Termination of employment which results in a refund of contributions.*

NOTE: Following a revoking action, the statutory beneficiaries then become the designated beneficiaries unless a new Beneficiary Designation Form ([STD-241](#)) has been filed.

II. The purpose of the [STD-241S](#), “Special CalPERS Beneficiary Designation” is to provide a means for a married member eligible to retire (age 50 or over with a minimum of five years of service credit for a First-Tier member or age 55 or over with a minimum of ten years of service credit

for a Second-Tier member) or who is eligible for the Alternate Death Benefit (under age 50 for First-Tier member or under age 55 for a Second Tier member, with 20 or more years of service) to:

1. Designate beneficiaries to receive a one-time payment of the member’s community property share. (The spouse, by law, is still entitled to a choice of a monthly allowance or lump sum benefit. But, the amount is limited to just their community property share if the member designates other beneficiaries on this form.)
2. Change the designated beneficiaries.

SPECIAL INSTRUCTIONS

1. The following instructions for completing the Beneficiary Designation ([STD-241](#)) should be used when helping a member complete the Special CalPERS Beneficiary Designation (STD-241S).
2. Changes on the forms are acceptable only when they are clear and initialed by the member.
3. Complete the Beneficiary Designation form in duplicate. Mail both copies to CalPERS.
4. After CalPERS reviews the designation, a copy will be returned to the member.

NOTE: The Beneficiary Designation forms allow a member to designate benefits on a percentage basis if more than one beneficiary is named. The percentages must add up to 100%. If no percentage is indicated, the benefits will be paid equally to each beneficiary.

Also there is a box that the member can check to certify that they are not legally married. If this box is checked, the “Justification For Non-Signature of Spouse” form is not required.

INSTRUCTIONS TO COMPLETE THE STD-241 AND STD-241S

NOTE: The line by line instructions to complete the STD-241 and STD-241S are the same.

MEMBER INFORMATION

ITEM	INSTRUCTIONS
Member Name	Print or type the member's name: First name, middle, last.
Social Security Number	Enter the member's Social Security Number.
Current Employer	Enter agency's name.
Birthdate	Enter the member's birthdate: Month, Day Year.
Telephone Number	Enter the member's telephone number: area code and 7-digit number.

PRIMARY BENEFICIARIES

ITEM	INSTRUCTIONS
First Name, Middle Name, Last Name	Enter the name of the designated beneficiaries
%	Optional. Enter a percentage if you wish to provide unequal amounts to multiple beneficiaries (i.e. 75% to one person and 25% to the other). The total percentages must equal 100%.
Relationship to Member	Enter the beneficiary's relationship to the member; i.e., uncle, cousin, brother, friend, charity, etc.
Social Security Number	Enter beneficiary's Social Security number.
Address (Number and Street)	Enter the beneficiary's address.
City, State, and Zip Code	Enter the beneficiary's city and state of residence. Be sure to include zip code

SECONDARY BENEFICIARIES

ITEM	INSTRUCTIONS
Secondary Beneficiaries	<p>A member may name one or more second beneficiary(ies) in this block. The beneficiary(ies) listed here would receive the death benefits in the event the member survives the beneficiary(ies) named as the primary beneficiary.</p> <p>If a member wishes to name more beneficiaries than space allows, attach a separate piece of paper to the form. The attachment must clearly state that it is a continuation of the Primary or Secondary Beneficiaries. It must list the names, relationships, Social Security numbers and addresses of the beneficiaries. The member must sign and date the attachment.</p>

INSTRUCTIONS TO COMPLETE THE STD-241 AND STD-241S

SIGNATURE

ITEM	INSTRUCTIONS
Signature – Member's Full Name and Date	Have member sign full name and enter the date of signature in the presence of a witness. NOTE: Anyone can be a witness except an immediate family member or a beneficiary.
Address	Enter member's complete address.
Signature of Spouse	Have the member's spouse sign his/her full name. If there is no signature in this block, the attached PERS-BSD-800 must be completed by the member.
Certification	Check this box if there is no spouse's signature because the member is not legally married. If this box is checked, the PERS-BSD-800 is NOT required.
Witness	Have witness sign the form.

NOTE: To properly designate a trust as a primary beneficiary the following information **MUST** be provided:

The name of the trust, date of trust, and name and address of the person with whom the trust is on file. It is suggested that the following wording be used to name a trust as beneficiary: "The trustee of the _____ Trust". This suggestion must not be construed as legal advice.

NOTE: The designation will **NOT** be accepted without the spouse's signature unless either the certification box is checked or a PERS-BSD-800 form is received with the SDT-241.

REPORTING AN IMMINENT DEATH OR TERMINAL ILLNESS POWER OF ATTORNEY

When an employer becomes aware of an employee's imminent death or terminal illness, the employer should immediately contact the Benefit Services Division, Section 440 by calling 1-800-352-2238 or a CalPERS Regional Office.

Imminent death or terminal illness implies that the member is not expected to live more than 90 days. This also applies to cases where death may not necessarily be imminent, but competency to act in one's own behalf may become impaired thereby jeopardizing later desired retirement action.

If a person is competent to complete [CalPERS Special Power of Attorney form \(PERS-OSS-138\)](#), the person may give his/her "attorney in fact" the power and authority to complete transactions relating to CalPERS, including filing applications, making benefit elections, designating beneficiaries, and endorsing warrants*.

Note: Transactions may be limited by the California Probate Code, Section 16004(c), and California Civil Code, Section 2322(c).

*Warning: CalPERS requires that your attorney-in-fact be "neutral" in order to elect a retirement option or designate a beneficiary, and as long as the action does not benefit the attorney-in-fact. An attorney-in-fact is neutral if that person is not related by blood or marriage to either the member or designated beneficiary.

To expedite processing, the person reporting an imminent death should provide the Retirement System with the following information:

1. Member's name, Social Security number, and birthdate.
2. Probable effective retirement date.
3. Current salary information and balance of accumulated sick leave
4. Name, relationship, birthdate, and sex of the person to be designated as the member's beneficiary.

5. Address and telephone number where information can be communicated.

6. Nature and seriousness of illness, estimated life expectancy, and whether the member is presently competent.

The Retirement System will then contact the parties concerned regarding the benefit options available, the filing requirements which must be satisfied, and how best to expedite the filing process.

Note: In order for CalPERS to carry out the desired retirement action (e.g., provide an allowance to the beneficiary), it is imperative that the member be alive on the effective date of retirement and an election filed with CalPERS prior to the effective date of retirement.

POWER OF ATTORNEY

For information on "[The Power of Attorney](#)" ([PERS-Pub-30](#)) please visit our website at www.CalPERS.ca.gov or to order a supply please refer to last Section of this Handbook – "Ordering Forms and Publications".

DEATH OF AN ACTIVE MEMBER

EMPLOYER NOTIFICATION TO SYSTEM

Immediately upon learning of an employee's death, the employer should contact the Benefit Services' Telephone Information Center at 1-800-352-2238 and provide the following information:

1. Member name, Social Security number, and birthdate
2. Date of death, cause of death and date of separation
3. Name, address and telephone number of next of kin
4. If a spouse is next of kin, the birthdate and date of marriage should also be provided.

CalPERS will send a partially completed [PERS-BSD-738](#), Report of Separation for Death, with the following information:

1. Employer name and code
2. Name and Social Security number
3. Date of death

INSTRUCTIONS FOR COMPLETION— PERS-BSD-738

The employer should verify and if necessary correct any information on the form. The employer completes remainder of form as follows:

PART I — EFFECTIVE DATES

1. Separation Date – Enter if separation date or date of death differs from the last day on payroll for which contributions were deducted, enter last day on pay status.
2. Reason for Sep – Enter if separation is not due to death, enter reason for separation. *Separation date cannot be later than death date.*
3. Last Day on Pay Status – Enter last day on payroll.
4. Timebase – Enter timebase.
5. Required Hrs. – Enter the required hours if other than full time.

PART II — PAYROLL AND CONTRIBUTION INFORMATION

1. Dates of pay periods (monthly, semi-monthly, bi-weekly, or quadri-weekly) for the month of separation and each of the three months preceding separation.
2. Amount of full-time pay rate.
3. Gross regular amount earned in each pay period.
4. Amount of regular retirement contributions for each pay period.
5. Amount of special compensation earnings for each pay period.
6. Amount of special compensation contributions for each pay period
7. Under "Other" column heading, explain other than normal contributions; e.g., retroactive salary increase, etc.,

Note:

1. Do not combine contributions for Special Compensation with normal contributions. Use the "special compensation" column.
2. Do not deduct retirement contributions from the lump sum vacation payments.
3. Do not delay submission of this form awaiting final payroll data. Estimate the last period's payroll information and label this line "Estimate".

PART III — UNUSED SICK LEAVE

Please indicate the total number of **days** of unused sick leave and educational leave credited to the member (for members who have attained the minimum retirement age or who are under age 50, but have at least 20 years of state service only) on death date. Show partial days to three decimal places.

DEATH OF AN ACTIVE MEMBER

PART IV — HEALTH AND DENTAL INSURANCE

Complete only if the member had health insurance coverage under the Public Employees' Medical and Hospital Care Act.

A request for change in health benefits coverage based upon change in family status (death) may be made by an enrolled surviving family member who continues to receive an allowance.

PART V - SIGNATURE

Have this form signed by an authorized officer; enter title, phone number and date. FAX completed form [PERS-BSD-738](#) to CalPERS immediately.

NOTIFICATION BY OTHER THAN EMPLOYER

When CalPERS is informed of an employee's death by someone other than the employer, the System will also initiate the form [PERS-BSD-738](#), partially filled in, and forward to the employer. The employer completes the balance of the form per instructions found in "Employer Notification to System".

INFORMATION FOR FAMILY OF DECEASED

When CalPERS is notified of an active employee's death, a letter (which may or may not provide an estimate of the benefits payable) and a PERS-PUB-55, "A Guide to Your...CalPERS Survivor Benefits" booklet will be sent to the next of kin. The booklet explains the benefits which may be payable and provides an Application for Active Member/Non-Member Survivor Benefits (PERS-BSD-1167).

If an estimate is not provided, or if only lump sum benefits are payable, the BSD-1167 may serve as the claim form if completed by the designated or statutory beneficiary. If there is a choice of monthly or lump sum benefit an election must be made on the BAS-1167. If the information provided in the initial BSD-1167, along with any designation on file, indicates the proper beneficiary remains to be contacted, a claim form will be sent to the proper beneficiary. Payment of death benefits will be as soon as possible after receipt of the claim form and any other documents required (e.g., marriage, birth, or death certificates).

To determine the beneficiary(ies), CalPERS will check to see if the member was eligible for retirement at the time of death (1st Tier: at least age 50 with five or more years of service credit, 2nd Tier: at least age 55 with ten or more years of service credit), or if the Alternate Death Benefit (less than age 50 with 20 or more years of state service) is payable. If the member was not eligible for a monthly allowance, CalPERS will check the file for a valid ** Beneficiary Designation ([STD 241](#)) (see Beneficiary designations – Prior to Retirement). If a [STD 241](#) is no longer valid or has not been filed, death benefits will normally be paid to the statutory beneficiary as follows:

1. Member's surviving spouse (whether or not still living together at the time of death); or, if none,
2. Natural and adopted children, including (in limited circumstances) a natural child adopted by another, share and share alike; or, if none,
3. Parents, share and share alike; or, if none,
4. Brothers and sisters, share and share alike; or, if none,
5. Member's estate (if probated, or subject to probate); or, if not,
6. Member's trust, if one exists; or, if not,
7. Stepchildren, share and share alike; or, if none,
8. Grandchildren, including step-grandchildren, share and share alike; or, if none,
9. Nieces and nephews, share and share alike; or, if none,
10. Great-grandchildren, share and share alike; or, if none,
11. Cousins, share and share alike.

****Any of the following events will, by law, revoke a Beneficiary Designation ([STD-241](#)):**

- a. *marriage.*
- b. *Dissolution or annulment of marriage if initiated after the designation was filed.*
- c. *Birth or adoption of a child*
- d. *Termination of employment which results in a refund of contributions.*

INFORMATION FOR FAMILY OF DECEASED

If the member was eligible for retirement or if the Alternate Death Benefit is payable on the date of death, CalPERS will check the file for a valid "Special CalPERS Beneficiary Designation", STD 241S. If a STD 241S has been filed, the allowance payable to the surviving spouse will be reduced and the beneficiary (ies) designated will receive a one-time payment of the employee's community property share. If a STD 241S has not been filed, and if there is no eligible spouse or minor child, benefits will be paid to the beneficiary designated on the Beneficiary Designation, [STD 241](#); or if none, to the statutory beneficiary.

NOTE: Following the member's death, a spouse may request a "Disclaimer of Benefits" form if he/she does not wish to receive their community property interest in the death benefits. If the "Disclaimer of Benefits" form is completed, then the entire Basic Death Benefit may be paid to the person(s) designated on the STD-241S, unless the member is survived by a minor child who would become the statutory beneficiary entitled to a monthly allowance.

RETIREMENT – GENERAL

REQUEST FOR ESTIMATES OR COUNSELING

The member may wish to have the System calculate an estimate of retirement allowance. Retirement benefit estimates are processed by the Member Services Division.

Members may request a retirement estimate from CalPERS by completing and submitting a Retirement Allowance Estimate Request ([PERS-MSD-470](#)) or by contacting Member Services Division at 1-800-352-2238. An acceptable estimate request should meet the following guidelines:

1. Any retirement date can be requested; however, since our estimate calculation process does not project future salary increases, formal estimates far in the future are not meaningful. For retirement dates more than five years in the future, the employer can provide the member with the appropriate CalPERS member booklet. Our CalPERS Regional Offices can assist members with questions about information in the booklets and provide retirement counseling. The addresses and telephone numbers are included in each booklet.
2. All information on the form [PERS-MSD-470](#) must be completed before an estimate can be processed. Important: Please be sure the address and social security number are legible.
3. A request for an estimate is **NOT** an application for retirement. A Service Retirement Election Application ([PERS-BSD-369-S](#)) or Disability Retirement Election Application ([PERS-BSD-369-D](#)) must be submitted to apply for retirement. An Application for Retirement may not be used to request an estimate. If the member plans on retiring in the near future, the employer should provide the member with our CalPERS brochure "Planning Your Service Retirement" ([PERS-PUB-1](#)).
4. Retirement benefit estimates will be mailed to the address indicated on the [PERS-MSD-470](#) within 10 days of receipt of the request by CalPERS.
5. Members may receive immediate estimates by using our service retirement estimate program available at all CalPERS Regional Offices. The Retirement Planning Calculator is also available for downloading on the CalPERS website @ <http://www.calpers.ca.gov>.
6. Members are encouraged to attend a Financial Planning Seminar and the Retirement Planning Workshop prior to submitting their application for retirement. These seminars and workshops provide valuable information on planning their retirements. The latest schedules are located on the CalPERS website @ <http://www.calpers.ca.gov> or you may contact a CalPERS Regional Office at 1-877-720-7377 to obtain further information.

WHEN TO APPLY

An application for retirement should be forwarded to the Benefit Services Division not more than 90 days prior to the desired effective date.

NOTE: A disability retirement application should be submitted as soon as a medical condition becomes disabling and prior to the expiration of benefits to ensure the member is eligible for the earliest effective date possible.

This advance notice permits CalPERS to make calculations, resolve service credit problems, and begin payments on a timely basis. Members should be advised of this and encouraged to mail their applications to: CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711.

RETIREMENT – GENERAL

The Public Employees Retirement Law does not permit service retirement to become effective earlier than the first day of the month in which the application is received in the System's headquarters or CalPERS Regional Office. The only exception to this is a situation in which all four of the following requirements are met:

1. The application is received within nine months of separation from employment (or separation from a reciprocal retirement system).
2. The member separated with the intent of retiring. Such intention may be determined from personnel documents or by affidavit of the member, co-workers, or employer.
3. a. The member failed to submit an application earlier because of a misunderstanding of the law, or
b. The employer undertook to transmit the application to CalPERS and failed or delayed such transmission.
4. The member is living on the date the application is actually received at the office of the Board in Sacramento or a CalPERS Regional Office.

WHO MAY APPLY

For **service retirement**: A **first-tier** state member who has reached age 50 and has earned at least five years of credited service or a **second-tier** member who has reached age 55 and has earned at least ten years of credited service may submit an application for retirement. The application must be submitted by the member and show a definite retirement date. **It is the employee's responsibility, not the employer's, to see that the retirement application is sent to the System.**

NOTE: A member who is **employed on a part-time basis** and has worked at least five years for first-tier or ten years for second-tier may be eligible to retire with less than five or ten years of credited service (It takes 10 months of full-time employment or 1,720 hours to equal one year of CalPERS service credit.) The retirement benefit the member will receive will be based on their actual service credit amount.

For **disability retirement or industrial disability retirement**: please refer to the instructions found under "Disability Retirement or Industrial Disability Retirement" in this section of the manual.

REQUESTING ADDITIONAL SERVICE CREDIT

All requests for service credit cost information must be received prior to the member's effective retirement date. **The retirement date can be no earlier than the day following receipt of the request by CalPERS.** Therefore, it is important that the member request any additional service credit information well in advance of his/her retirement to avoid possible delays in the retirement date.

A Guide to Your CalPERS Service Credit Purchase Options ([PERS-PUB-12](#)) can be requested by employers from the CalPERS Central Supply Section. Service credit and questions should be directed to CalPERS Member Services Division, P.O. Box 4000, Sacramento, CA 95812-4000 or 1-800-352-2238.

CANCELLATION OF RETIREMENT APPLICATION

If a member desires to cancel the service retirement application or defer retirement to a later date, the member must request to do so prior to the issuance date of the first retirement warrant. For cancellation of disability retirement, see "Member Alternatives Following Determination of Disability." Any cancellation request **MUST BE** made in writing to be valid. The member's signature is required. A cancellation is binding; the member must thereafter re-apply whenever the member is ready to retire.

1. Once the first retirement warrant has been issued, the member will not be allowed to cancel the retirement.
2. A member may request a refund of accumulated contributions in writing in lieu of retirement prior to the issuance of the first retirement warrant.